

SECTION A: Participant Information

Group Assignment: ☐ ETS ☐ Safety/Development

Mother's Name: _____ Baby's Name: _____

Phone Number(s) _____ ☐ OK TO LEAVE MESSAGE?

_____ ☐ OK TO LEAVE MESSAGE?

_____ ☐ OK TO LEAVE MESSAGE?

SECTION B: Task Final Results

FINAL RESULT CODES	
02	TASK COMPLETED: ALL ACTIVITIES COMPLETED
03	TASK PARTIALLY COMPLETED, FINAL: SOME ACTIVITIES NOT COMPLETED (EXPLAIN IN NOTES)
81	ELIG STATUS CHG, PRE-RANDOMIZATION: ELIG VERF FORM
82	ELIG STATUS CHG, PRE-RANDOMIZATION: LAB RESULTS
83	ELIG STATUS CHG, PRE-RANDOMIZATION: PREGNANCY
84	ELIG STATUS CHG, PRE-RANDOMIZATION: QUIT SMOKING
85	ELIG STATUS CHG, PRE-RANDOMIZATION: OTHER (EXPLAIN IN NOTES)
86	INCOMPLETE, FINAL: SUBJECT DELIVERED BEFORE REQUIRED BL/PRENATAL ACTIVITY COMPLETED (EXPLAIN IN NOTES)
92	UNABLE TO LOCATE SUBJECT, FINAL
93	SUBJECT UNAVAILABLE, FINAL (EXPLAIN IN NOTES)
94	OTHER FINAL OUTCOME (EXPLAIN IN NOTES)
96	SUBJECT DISCONTINUED TO NON-RANDOM CONTROL GROUP (EXPLAIN IN NOTES)
97	SUBJECT DISCONTINUED FROM STUDY (EXPLAIN IN NOTES)
99	SUBJECT REFUSED (EXPLAIN IN NOTES)

Task 1: Verify Pregnancy (phone call)

Still Pregnant? YES NO → *Ineligible, END PARTICIPATION*

IF NO: Delivery Date: |__|__|_|-|__|__|_|-|__|__|_| Delivery Site: _____

Schedule Prenatal Intervention _____

Notes/Updated Contact Information _____

Date Completed: |__|__|_|-|__|__|_|-|__|__|_| Interventionist _____ ☐ Entered into DMS?

Task 2: Prenatal Intervention (clinic visit)

☐ Clinic Intervention Incentive Paid

☐ Telephone Interview/Home Visit Incentive Paid

☐ Sign Mother MRRF

☐ Distribute Green Show Cards

Update Best Time to call _____

Notes/Updated Contact Information _____

Final Result Code: |__|__| Date Completed: |__|__|_|__|__|_|__|__| Interventionist _____

☐ Entered into DMS?

Task 2B: Prenatal Intervention (phone call)

Update Best Time to call _____

Notes/Updated Contact Information _____

Final Result Code: |__|__| Date Completed: |__|__|_|__|__|_|__|__| Interventionist _____

☐ Entered into DMS?

TASK 3: Postpartum Re-screening (phone call)

Delivery Date: |__|__|_|__|__|_|__|__| Delivery site _____

Re-screening Q Results: ☐ Eligible ☐ Ineligible (specify, then END) ☐ Other _____

☐ Infant deceased

☐ Mother deceased

☐ Infant health problems

☐ Mother health problems

☐ Infant lives elsewhere

☐ Mother incarcerated or in group house

Update Best Time to call _____

Schedule 2 Week PP call _____

Notes/Updated Contact Information _____

Date Completed: |__|__|_|__|__|_|__|__| Interventionist _____ ☐ Entered into DMS?

Task 4: 2 Weeks Postpartum Intervention (phone call)

Schedule 6w PP Intervention _____

Notes/Updated Contact Information _____

Final Result Code: |__|__| Date Completed: |__|__|_|__|__|_|__|__| Interventionist _____

☐ Entered into DMS?

Task 5: 6 Weeks Postpartum Intervention (clinic visit)

☐ Sign Infant MRRF ☐ Sign Mother MRRF ☐ Distribute Green Show Cards

☐ Clinic Intervention Incentive Paid ☐ Telephone Interview/Home Visit Incentive Paid

Update Best Time to call _____

Schedule 3M PP call _____

Notes/Updated Contact Information _____

Final Result Code: |__|__| Date Completed: |__|__|_|__|__|_|__|__| Interventionist _____

☐ Entered into DMS?

Task 6: 3 Months Postpartum Intervention (phone call)

Schedule 4m PP Intervention _____

Notes/Updated Contact Information _____

Final Result Code: |__|__| Date Completed: |__|__|_|__|__|_|__|__| Interventionist _____

☐ Entered into DMS?

Task 7: 4 Months Postpartum Intervention (clinic visit)

☐ Sign Infant MRRF

☐ Sign Mother MRRF

☐ Clinic Intervention Incentive Paid

☐ Telephone Interview Incentive Paid

Update Best Time to call _____

Schedule 5M PP call _____

Notes/Updated Contact Information _____

Final Result Code: |__|__| Date Completed: |__|__|_|__|__|_|__|__| Interventionist _____

☐ Entered into DMS?

Task 8: 5 Months Postpartum Intervention (phone call)

Schedule 6m PP intervention _____

Notes/Updated Contact Information _____

Final Result Code: |__|__| Date Completed: |__|__|_|__|__|_|__|__| Interventionist _____

☐ Entered into DMS?

Task 9: 6 Months Postpartum Intervention (clinic visit)

☐ Sign Infant MRRF

☐ Sign Mother MRRF

☐ Clinic Intervention Incentive Paid

☐ Telephone Interview/Home Visit Incentive Paid

Update Best Time to call _____

Notes/Updated Contact Information _____

Final Result Code: |__|__| Date Completed: |__|__|_|__|__|_|__|__| Interventionist _____

☐ Entered into DMS?

SECTION C. Appointment and Contact Log

[illegible]